



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

P.O. BOX 1806
CONCORD, NH 03302-1806

603-271-5610 FAX: 603-271-5639
TDD Access: 1-800-735-2964

William L. Wrenn
Commissioner

Bob Mullen
Director

Date Posted: 12/28/2009

Request for Proposals (RFP)
Terms and Conditions

Re: RFP Title: On-site Clinical Laboratory Services

RFP Number: NHDOC 10-05-GFMED

RFP Due Date: 2/8/2010, **no later than 2:00PM, EST**

RFP Service Region: Northern NH Correctional Facility: Northern Correctional Facility (NCF), Berlin, NH and Southern NH Correctional Facilities: NH State Prison for Men (NHSP-M), Secure Psychiatric Unit (SPU), Special Housing Unit (SHU), Concord, NH and NH State Prison for Women (NHSP-W), Goffstown, NH.

NH Department of Corrections Mission Statement: *Our Mission is to provide a safe, secure, and humane correctional system through effective supervision and appropriate treatment of offenders, and a continuum of services that promote successful re-entry into society for the safety of our citizens and in support of crime victims.*

This mission is supported through contracts with non-profit corporations; public corporations; public agencies (agency or department of municipal, county or state government); or by private proprietorships, partnerships, or corporations; or a consortium of public, non-profit, and private entities, that are awarded contracts through the State of New Hampshire Request for Proposals (RFP) process. These entities are herein after known as the "Vendor," "Contractor," or "Bidder."

A. TERMS, CONDITIONS AND PROCEDURES FOR SUBMITTING PROPOSALS

1. Brief Description:

Attached is a Request for Proposals and Contract format for providing Clinical Laboratory Services for the New Hampshire Department of Corrections (herein known as the "NHDOC," "State," "Corrections," or "Department"). A Contract awarded by the NH Department of Corrections as a result of this RFP is expected to be effective for the period beginning 6/1/2010 through 5/31/2012 with an option to renew for an additional period of up to two (2) years only after the approval of the Commissioner of Corrections and the Governor and Executive Council (G&C) of the State of New Hampshire.

2. Vendor Conference:

The NH Department of Corrections will hold a non-mandatory Vendor's Conference with all prospective Vendors for the purpose of answering any technical questions related to the services requested and/or to the requirements of the RFP. This Vendor Conference will be held on **1/29/2010 at 10:00am, EST at the NH Department of Corrections, 4th Floor Conference Room, 105 Pleasant Street, Concord, NH 03301.**

2.1. The purpose of the Vendor Conference is to:

2.1.1. request clarification of any section of the RFP;

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- 2.1.2. request changes to the RFP of requirements considered so restrictive as to prohibit or discourage responses;
- 2.1.3. offer suggestions or changes to the RFP which could improve the RFP competition or lower the offered price;
- 2.1.4. review any applicable documentation.
- 2.2. Non-attendance to the Vendor's Conference **does not** prohibit Bidders from submitting a proposal.
- 2.3. RSVP to attend the Vendor's Conference:
 - 2.3.1. Vendors are requested to RSVP, **in writing to Joyce Leeka**, via US Mail, fax or e-mail, see below for contact information, by 1/27/2010 indicating the number of individuals (maximum of 2) who will attend the Vendor Conference;
 - 2.3.2. The document to be used to RSVP your attendance is the last page of this RFP.

3. Facility Tours: (THIS SECTION IS NOT APPLICABLE)

4. Proposal Inquiries:

An individual who is authorized to commit the organization to provide the services necessary to meet the requirements of this RFP must submit all inquiries.

- 4.1. Inquiries shall be received no later than 2:00PM, EST on 1/18/2010.
- 4.2. Answers to all written inquiries received will be posted on the NH Department of Corrections website: <http://www.nh.gov/nhdoc/business/rfp.html> on or prior to 1/25/2010.
- 4.3. All inquiries concerning this RFP shall be made in writing, citing the RFP Title, RFP Number, Page, Section, and Paragraph, submitted to:

<p>NH Department of Corrections Medical Operations Administrator Attn: Joyce Leeka PO Box 1806 Concord, NH 03302-1806 jleeka@nhdoc.state.nh.us Fax number: 603-271-5639</p>
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5. Last Date of Vendor Inquiries:

Inquiries shall be received no later than 2:00PM, EST on 1/18/2010. Inquiries received after this date and time shall be addressed only if they are deemed by the NH Department of Corrections to be critical to the competitive bid process. An official written answer shall be posted on the NH Department of Corrections website to all questions meeting these requirements.

6. Letter of Intent:

Letter of Intent to RSVP to attend the Vendor's Conference is located as the last page of this RFP.

7. Specifications:

Vendors must submit their proposal as specified. Vendors shall be notified in writing if any changes to proposal specifications are made. Verbal agreements or instructions from any source are not authorized.

8. Proposal/Format Submissions:

- 8.1. Please submit **one (1) original** and complete proposal for the Northern Correctional Facility (NCF), Berlin, NH, NH State Prison for Men (NHSP-M), Secure Psychiatric Unit (SPU),

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Special Housing Unit (SHU), Concord, NH and NH State Prison for Women (NHSP-W), Goffstown, NH signed as appropriate and initialed on each page in **blue ink**.

The original copy must be typed or clearly printed in **black ink**. All corrections **must be initialed** by the person with official authority to sign the contract.

- 8.2. In addition, submit **two (2) photocopies** and **one (1) CD** (MS Word, MS Excel format only) of the proposal(s).
- 8.3. Proposals that are not complete or unsigned shall be considered "technically non-compliant."
- 8.4. Proposals received after the deadline shall be considered "technically non-responsive." The prospective Vendor shall be so notified by the NH Department of Corrections, and the proposal shall be sent back to the prospective Vendor unopened and unevaluated.
- 8.5. Proposals **must be sealed** or they shall not be accepted.
- 8.6. **Do not staple** any part of the proposal(s). **Do not use three (3) ring binders** for any part of the proposal(s).
- 8.7. Please use only binder clips to secure and/or separate sections of the proposal(s).
- 8.8. **Sealed proposal(s) shall follow the sequence of the Proposal Check Sheet.**
- 8.9. Absence of any documentation identified in the Proposal Check Sheet may be considered "technically non-compliant."
- 8.10. Proposals shall be submitted by the prospective Vendor and received by the NH Department of Corrections no later than 2:00PM, EST on 2/8/2010 to be considered.

9. Submission Criteria:

Proposals that are not complete or unsigned shall not be considered. Any proposal received after the deadline shall be considered "technically non-responsive" and the Vendor will be so notified by the NH Department of Corrections.

10. Document Alterations/Changes/Omissions:

It is unlawful to make any alteration(s) to the text or format of this document, or the text or format of any addendum, or attachment to this document. A signature on the Cover Sheet of the person authorized to legally bind the Vendor to the terms of this RFP signifies that no alterations have been made to the original text or format of this RFP. Any alterations made to the original text of this document may result in the proposal being considered "technically non-compliant."

11. Evaluation Criteria/Procedural:

- 11.1. The proposal shall be subject to a procedural review by the Contract Administrator prior to any other evaluation review to ensure the proposal(s) submitted:
 - 11.1.1 conforms to the instructions and format contained within the RFP;
 - 11.1.2. is properly executed and complete; and
 - 11.1.3. contains all required supporting documentation.

12. Other Contractual Documents Provided by the NH Department of Corrections:

The Comprehensive General Liability Insurance Acknowledgement Form, the Certificates of Vote/Authority, State Long Form Contract P-37 form, version 1/09, the Alternate W-4 are located as separate links on the New Hampshire Department of Corrections website: <http://www.nh.gov/nhd/doc/business/rfp.html>

13. Labeling and Addressing the Proposal for Submission:

Please clearly mark the outside of your envelope *On-site Clinical Laboratory Services (NHD0C 10-05-GFMED)*. Proposals must be received by Jennifer Lind, Acting Contract Administrator, PO Box 1806, Concord, NH 03302-1806 or hand delivered to Room 329, on the third (3rd) floor of the Main

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Building of the Governor Gallen State Complex, 105 Pleasant Street, Concord, NH no later than **2/8/2010 at 2:00PM, EST** to be considered.

14. Cancellation:

The NH Department of Corrections reserves the right to accept or reject any or all proposal(s) and to cancel this RFP in whole or in part upon written or published notice of intent to do so. Financial responsibility for preparation of proposals is the sole responsibility of the Vendor.

15. Financial Commitment:

Financial commitment by the NH Department of Corrections shall not occur until such time as the Governor and the Executive Council of the State of New Hampshire approve a contract.

16. Rejection of Proposals:

- 16.1. Proposal(s) shall be rejected at any time if the Vendor:
 - 16.1.1. has any interest that shall, in the sole discretion of NH Department of Corrections, conflict with performance of services for the State;
 - 16.1.2. fails to demonstrate to the satisfaction of NH Department of Corrections that it is in sound financial condition;
 - 16.1.3. fails to make an oral presentation if requested by NH Department of Corrections at a time, place, and in a manner satisfactory to NH Department of Corrections; and
 - 16.1.4. fails to reach agreement with NH Department of Corrections on any and all contract terms.

17. Other Remedies for “Technically Non-Compliant”:

- 17.1. The NH Department of Corrections, in its sole discretion, may determine that non-compliance with any RFP requirement is insubstantial. In such cases the NH Department of Corrections may:
 - 17.1.1. seek clarification;
 - 17.1.2. allow the Vendor to make corrections; or,
 - 17.1.3. apply a combination of the two remedies.

18. Addendum(s) and/or Amendment(s) to, or Withdrawal of the RFP:

- 18.1. If NH Department of Corrections decides to amend or clarify any part of this RFP, a written amendment shall be provided to all Vendors on the NH Department of Corrections website: <http://www.nh.gov/nhdoc/business/rfp.html>.
- 18.2. The NH Department of Corrections, at its discretion, may amend the RFP at any time prior to the award of a Contract and/or terminate this procurement in whole or in part at any time.
- 18.3. The NH Department of Corrections at its discretion may request clarification from a Vendor of a proposal submitted.
- 18.4. Whereas the Department may modify the RFP and as a result of a modification the Department believes that Vendors will not have enough time to effect changes necessary to their proposal(s) prior to the Proposal Due date listed in Table 32.1., the Department may postpone the Proposal Due date for a period of up to thirty (30) days in the best interest of the State and/or to allow for fairness in the competitive bidding process. Notice of this postponement shall be posted on the NH Department of Corrections website with the RFP prior to the Proposal Due Date listed in this RFP.

19. Proposal Submission:

- 19.1. Prospective Vendors shall comply with instructions as specified in the Terms and Conditions of the RFP, submit all documents with the Proposal as identified in the Proposal Check Sheet, and ensure sealed offers are received by the date, time and location identified herein.

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19.2. The Vendor is cautioned that their proposal shall be subject to acceptance by the NH Department of Corrections without further clarification.

20. Competition:

The NH Department of Corrections encourages free and open competition among Vendors. Specifications, proposals and conditions are designed to accomplish this objective, consistent with the NH Department of Corrections needs and guidelines.

21. Collusion:

The Vendor's signatures and initials on a proposal submitted in response to this RFP guarantees that the prices quoted have been established without collusion with other eligible Vendors and without effort to preclude the State of New Hampshire from obtaining the best possible competitive proposal.

22. Disclosure of Sealed Proposal:

A Vendor's disclosure or distribution of proposals other than to the NH Department of Corrections shall be grounds for disqualification.

23. Oral Presentation:

Prior to the determination of the award, Vendor(s) may be required to make an oral presentation to clarify any portion of their response or to describe how the service requirements shall be accomplished. Vendor finalists may be asked to conduct the presentation at a time period designated by the NH Department of Corrections.

24. Terms of Submission:

All material received in response to this RFP shall become the property of the NH Department of Corrections and shall not be returned to the Vendor. Regardless of the Vendor(s) selected, the NH Department of Corrections reserves the right to use any information presented in a proposal. The proposal content that makes up the Vendor's awarded contract shall become public information upon approval of the Governor and Executive Council.

25. Vendor Responsibility:

The successful Vendor shall be solely responsible for meeting all terms and conditions specified in the RFP, their proposal(s) and any resulting contract.

26. Evaluation and Award of Contract:

- 26.1. The NH Department of Corrections has approved this RFP for issuance. The RFP process is a procurement option allowing the NH Department of Corrections to award a contract based upon the evaluation criteria established by the NH Department of Corrections.
- 26.2. Upon review by the NH Department of Corrections and approval by the Governor and Executive Council, the signed Contract shall become valid.
- 26.3. The NH Department of Corrections, may, upon determining that no satisfactory proposals have been received for these services, negotiate with a successful applicant for a related service to include this particular service as part of the service package and/or issue another RFP for this particular service.
- 26.4. Evaluation of proposals shall be based on evaluation criteria established by the NH Department of Corrections.

27. Liability:

The NH Department of Corrections shall not be held liable for any costs incurred by the Vendor in the preparation of their proposal, or for work performed prior to contract issuance.

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28. Best Interest of the State:

If the NH Department of Corrections determines it is in the best interest of the State, it may seek a “*BEST AND FINAL OFFER*” from Vendors submitting acceptable and/or potentially acceptable proposals.

- 28.1. The “*BEST AND FINAL OFFER*” would provide Vendor’s the opportunity to amend or change its original proposal(s) to make it more acceptable to the State. The NH Department of Corrections reserves the right to exercise this option.
- 28.2. The “*BEST AND FINAL OFFER*” shall provide the NH Department of Corrections the opportunity to modify volume indicators and cost categories, if applicable, identified in Exhibit B of this document. Such request of the New Hampshire Department of Corrections would provide the Vendor(s) the opportunity to amend or change its original proposal(s) to make it more acceptable to the State. The NH Department of Corrections reserves the right to exercise this option.

29. Proposal Review and Evaluation Criteria:

- 29.1. The NH Department of Corrections shall conduct an objective review of the proposal(s) received in response to this RFP process. The evaluation shall be based on the demonstrated capabilities and skills of the prospective Vendor in relation to the needs of the services to be provided as set forth in this RFP.
- 29.2. The NH Department of Corrections shall award a Contract based on cost, ability to provide services: immediate availability, demonstrated credentials and correctional experience, financial stability and references.
- 29.3. References shall be submitted. Please provide a list of all current clients with contact information and former clients with contact information for the past two (2) years.
- 29.4. The NH Department of Corrections reserves the right to accept or reject any proposal and to waive any minor irregularities in any proposal.

30. Written Narrative and Description of Evaluation Criteria:

- 30.1. The NH Department of Corrections is seeking prospective Vendors for On-site Clinical Laboratory Services to be used over an extended period of time as identified in Section One (1), Brief Description, Terms and Conditions of this RFP. It is important that the prospective Vendor(s) demonstrate a sound presence in the market, capability and skill to provide requested services, and long term viability judged by financial stability.
- 30.2. Prospective Vendors shall provide a concise one to two page written narrative in the form of a Cover Letter, on the organization’s letter head, identifying the following information Ability to Provide Services, Financial Stability, Organizational Resources and Capability and References:
 - 30.2.1. Total Estimated Cost
 - for the “Best Interest of the State” the total estimated cost shall carry the most weight under the Proposal Review and Evaluation process.
 - 30.2.2. Ability to Provide Services
 - ability to provide immediate services upon an approved Contract by the Governor and Executive Council.
 - credentials and correctional experience demonstrated through qualifications/ licensures/certifications of employees who will be providing requested services.
 - 30.2.3. Financial Stability, Organizational Resources and Capability

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- demonstrate financial stability by providing financial statements, preferably audited, for two (2) consecutive years and copies of any quarterly financial statements prepared since the end of the period reported by your most recent annual report. Acceptable financial verification must include one of the following; please check off and submit with your Proposal one of the following:

Check	Description
<input type="checkbox"/>	a copy of the organization's most recent full set of financial statements
<input type="checkbox"/>	a copy of the organization's audited set of financial statements from an independent CPA firm

- description of organizational resources and capability. Evidence demonstrating that your organization possesses adequate organizational resources to meet consumer demand. Evidence may include, but is not limited to: implementation plan, staffing resources, equipment: type, age and whether the equipment is owned or leased as it relates to the scope of services requested outlined in this RFP, operation and quality controls. Evidence demonstrating your organization's history, mission, size, ownership and structure (Corporation, LLC, Sole Proprietor, Non-Profit...et cetera);

30.2.4. References

- description of work experience to include previous customers served and number of years the prospective Vendor has been providing said services.

31. Scoring of Evaluation Criteria:

31.1. Table of Scoring Criteria:

Category	Total Points Per Category
Total Estimated Cost: (70 points)	70
Ability to Provide Services: (15 points)	15
31.1.1. Immediate Availability: Immediate start of services upon approval of a contract (7.5 points) 31.1.2. Credentials and Correctional Experience (7.5 points)	
Financial Stability, Organizational Resources & Capability: (10 points)	10
31.1.3. Financial Stability (5 points) 31.1.4. Evidence of Organizational Resources and Capability (5 points)	
References: (5 points)	5
31.1.5. Experience (5 points)	
Total of all Categories	100

Note: The Financial Stability, Organizational Resources & Capability of a contracted Vendor is of great importance to New Hampshire Department of Corrections. A Vendor that does not score at least 8 out of 10 points, upon evaluation, in the Financial Stability, Organizational Resources & Capability category may be required to provide further financial information for the possibility of making their score satisfactory. In the event that the information provided does not satisfy the Department, NHDOC may, at its own discretion, remove the Vendor from the RFP and contract procurement process in the best interest of the State. (See Item 30: "Written Narrative and Description of Evaluation Criteria," herein for specifications).

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32. Schedule of Events (Timetable):

32.1. Table of Events and Important Dates:

Event #	Description of Event	Date of Event
1	RFP Issued	December 28, 2009
2	Written Inquiries Due	January 18, 2010
3	DOC Posts Answers to Inquiries	January 25, 2010
4	RSVP Letter of Intent to attend Vendor's Conference	January 27, 2010
5	Vendor Conference	January 29, 2010
6	Proposals Due	February 8, 2010
7	Best & Final Offer	If Necessary
8	Contract Finalization	February/March 2010
9	Approval by the Governor and Executive Council	April 2010
10	Expected Services Start Date	May 1, 2010, or, upon G&C approval, which ever is later.

Note: The above Table of Events and Important Dates may be altered at any time by the Department with the exception of No. 7 – “Proposals Due”. The Vendor’s Proposals Due date cannot be changed in order to maintain the integrity of the public contract procurement process of the State of NH except for the reasons as stated in section - 18.4 of the Terms and Conditions of this RFP.

33. Award of Contract:

33.1. A Contract may be awarded to one (1) Vendor. The Vendor may bid on the services needed for the Northern NH Correctional Facility and the Southern NH Correctional Facilities.

34. Special Notes:

34.1. The headings and footings of the sections of this document are for convenience only and shall not affect the interpretation of any section.

The remainder of this page is intentionally blank.

Vendor Initials: _____

PROPOSAL FOR:

The provision of On-site Clinical Laboratory Services for the NH Department of Corrections (locations listed in Exhibit A). This section is for the purpose of ensuring that the Vendor has included all the required information to submit a Proposal. Partial Proposals of services for any region shall not be accepted.

Responding to RFP Number: NHDOC (10-05-GFMED)

LOCATION OF SERVICES:

Northern NH
Correctional Facility
(Regional Area)

Southern NH
Correctional Facilities
(Regional Area)

PLEASE TYPE OR CLEARLY PRINT IN THE SPACES PROVIDED BELOW.**OFFER:**

The undersigned hereby proposes to furnish to the STATE OF NEW HAMPSHIRE, the services as described in the PROPOSAL in accordance with the specifications contained herein. The signer of the Vendor below signifies the assent of the Vendor to all of the Terms and Conditions of this RFP.

1. VENDOR: _____
Name of Organization (As written on the Certificate of Good Standing)

2. ADDRESS: _____
Street Address (Physical Address of the Organization - NO PO Box #'s)

City or Town

State

Zip Code

3. SIGNATURE: _____ INITIALS: _____

4. DATE SIGNED: _____

5. TITLE OF SIGNATORY: (Title of signatory) _____

6. NAME OF SIGNATORY: (Name of signatory) _____

7. CONTACT PERSON: (Contact person if different from signatory) _____

8. TELEPHONE: (Telephone number of contact person) _____

9. E-MAIL: (E-mail of contact person) _____

10. FAX: (Fax number of contact person) _____

Vendor Initials: _____

FORMAT FOR SUBMISSION:

- Please submit **one (1) original** and complete proposal for the Northern and Southern NH Correctional Facilities (Regional Areas) signed in **blue ink**. This original copy must be typed or clearly printed in **black ink**. All corrections **must be initialed**. Submit **two (2) copies** of the original Proposal and **one (1) CD**. **Proposals that are not completed or unsigned may be considered "technically non-compliant."** Any proposal(s) received after the deadline may be considered **"technically non-responsive,"** and the Vendor will be notified by the NH Department of Corrections with the Proposal sent back to the Vendor unopened and unevaluated. Proposals must be **sealed** or they shall not be accepted. Do not staple any part of your proposals. Use only binder clips to secure and separate your proposals. **Vendors MUST initial the bottom corner of each page of their Proposal.**

If interested in submitting a proposal for these services, please fully complete, execute and return the following documentation in the sequence below:

- ☐ Cover Page
 - Title of RFP
 - RFP Number
 - Vendor's Organizational Name
 - Submission Date
- ☐ Cover Letter (see criteria, section 30.2. within the RFP)
- ☐ Proposal Cover Sheet (this document may be found within the RFP)
- ☐ Request for Proposal, Terms and Conditions (initial every page)
- ☐ Contract Form P-37, version 1/09; ([P-37 Document](#)).
 - Please fully execute: Items 1.3, 1.4, 1.5, 1.11, and 1.12, in front of a Notary Public or Justice of the Peace and have them fill out Items 1.13, 1.13.1, and 1.13.2.
 - NOTE: THE NAME OF THE VENDOR'S ORGANIZATION MUST BE WRITTEN ON THE P-37 AS FOUND ON THE CERTIFICATE OF GOOD STANDING.
- ☐ Exhibit A – Scope of Services (initial every page)
- ☐ Exhibit B – Estimated Budget (initial every page)
- ☐ Exhibit C – Special Provisions (initial every page)
- ☐ Certificate of Good Standing (not included herein; must be provided by Vendor, please see below for further instructions)
- ☐ Certificate of Authority (execute and submit only the one that applies to your entity) ([Attachment 4 Corp w/ Seal](#), [Attachment 4b w/o Seal](#), , [Attachment 4c Sole Proprietor](#)), [Attachment 4d Partnership](#);
 - NOTE: THE NAME OF THE VENDOR'S ORGANIZATION MUST BE WRITTEN ON THE CERTIFICATE OF AUTHORITY AS FOUND ON THE CERTIFICATE OF GOOD STANDING.
- ☐ Certificate of Insurance (not included herein; must be provided by Vendor, please see below for further instructions)
- ☐ Comprehensive General Liability Insurance Acknowledgement Form ([Comprehensive General Liability Insurance Acknowledgement Form](#));
- ☐ Alternate W-9 Form ([W-9 Document](#));
- ☐ Sample Lab Report;
- ☐ Statement of Financial Stability;
- ☐ References.

All documentation listed above is necessary for the successful completion and submission of Proposals.
All attachments are located on the following webpage: <http://www.nh.gov/nhd/doc/business/rfp.html> under the heading **"TOOLS AND RESOURCES FOR BIDDERS."** (Direct link to above document web page: <http://www.nh.gov/nhd/doc/business/RFPBiddingTools.htm>)

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OTHER NECESSARY FORMS: (Not included on the above web page, must also be provided by the Vendor)

- ❑ **Certificate of Good Standing: (NOT INCLUDED HEREIN, must be provided by Vendor)**
(This document can be found as a link on this webpage) In order to obtain a Certificate, write directly to the Secretary of State, Corporate Division, State House Room 204, 107 North Main Street, Concord, NH 03301- 4989. Requests must include the complete name of the company as it is registered with the *Office of the Secretary of State* and a check for (CALL FOR FEES) made payable to the State of New Hampshire. In the event that you need to expedite the request, you may fax the request to (603) 271-3247 or go in person to request a copy and you will be billed (CALL FOR FEES) for the expedited service. Include your mailing address, corresponding check number, telephone and fax numbers. You will receive a fax of the Certificate in addition to a mailed copy.

- ❑ **Certificate of Insurance: (NOT INCLUDED HEREIN, must be provided by Vendor)** You must contact your Insurance provider and follow their processes to get this form **pursuant to section 14 and 15 of the State Long Form Contract** (Link: [P-37 Document](#)). The NH Department of Corrections, PO Box 1806, Concord, NH, 03302-1806 **must** be listed at the Certificate Holder on the document. Once obtained you may include it with your responding Proposal(s). If necessary you may have your insurance provider fax the NH Department of Corrections a copy of the form. Faxes are to be sent to: (603) 271-5639, care of the Contract Administrator.

- ❑ **The Certificate of Insurance must provide the following:**
 - Shall designate the NH Department of Corrections as the Certificate Holder;
 - Shall designate the Certificate Holder's address as indicated above;
 - Shall designate a ten (10) day written cancellation clause;
 - Shall provide, for the life of the contract, the minimum General Liability coverage to be no less than \$2,000,000.00 per each occurrence and \$2,000,000.00 general aggregate;
 - Shall provide proof and identify limits and expiration dates of Workers' Compensation coverage;
 - Shall provide proof and identify limits and expiration dates of Professional Liability coverage.

The remainder of this page is intentionally blank.

Vendor Initials: _____

1. Description of Services, Duration and Location:

- 1.1. The Vendor shall provide On-site Clinical Laboratory Services to include but not limited to:
 - 1.1.1. Tests as identified in the Exhibit-B-1, Fee Schedule, Pages 1-11;
 - 1.1.2. Tests that the Vendor may/can provide that are not listed in the Exhibit B-1, Fee Schedule, Pages 1-11;
 - 1.1.3. Specific NH Department of Corrections Specialty Laboratory Panels for drug screens, pain management, hepatitis, and admissions to include (See Exhibit A-1, NHDOC Panels):
 - 1.1.3.1 Drug Screen Panels;
 - 1.1.3.2. Hepatitis Panels;
 - 1.1.3.3. Admission Panel 1 (Males age 49 or less, all females);
 - 1.1.3.4. Admission Panel 2 (Males age 50 and older);
 - 1.1.3.5. Admission Panel 3.
 - 1.1.3. Provide any other test required on an as needed basis including court ordered tests and those required by NH State Law.
 - 1.1.4. Retrieval of samples/specimens from the NH Department of Corrections.
 - 1.1.5. Phlebotomist services to include but not limited to:
 - 1.1.5.1. Venipuncture services;
 - 1.1.5.2. Specimen collection time and training.
- 1.2. The Contractor shall provide Clinical Laboratory Services for the period from 6/1/2010 through 5/31/2012.
- 1.3. This Contract may be renewed for an additional period of up to two (2) years with mutual agreement of the parties and upon approval by the Commissioner of Corrections and the Governor and Executive Council of the State of New Hampshire.
- 1.4. The Northern Correctional Facility (NCF), Berlin, NH, NH State Prison for Men (NHSP-M), Secure Psychiatric Unit (SPU), Special Housing Unit (SHU), Concord, NH, and the NH State Prison for Women (NHSP-W), Goffstown, NH locations requiring this service are listed below and marked with an X:

Northern Region - NHDOC Northern NH Correctional Facility Location

<input checked="" type="checkbox"/>	Northern Correctional Facility (NCF)	138 East Milan Road,	Berlin, NH 03570
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Southern Region - NHDOC Southern NH Correctional Facility Locations

<input checked="" type="checkbox"/>	NH State Prison for Men (NHSP-M)	281 North State Street,	Concord, NH 03301
<input checked="" type="checkbox"/>	Secure Psychiatric Unit (SPU)	281 North State Street,	Concord, NH 03301
<input checked="" type="checkbox"/>	Special Housing Unit (SHU)	281 North State Street,	Concord, NH 03301
<input checked="" type="checkbox"/>	NH State Prison for Women (NHSP-W)	317 Mast Road,	Goffstown, NH 03045

2. Retrieval Sites of Samples/Specimens:

- 2.1. The retrieval of samples/specimens from the NH Department of Corrections retrieval sites must be available on a daily basis as part of the service provided by the Vendor.
- 2.2. Retrieval times are to be determined between the Vendor and each NH Department of Corrections site.

Vendor Initials: _____

3. Written Lab Reports:

- 3.1. Written lab reports shall to be furnished within twenty-four (24) hours of completion of tests via fax or other transmittal mechanism as deemed acceptable by the NH Department of Corrections (e.g.: electronic health record), which is to be provided by the Vendor.
- 3.2. Fax supplies, modem, on line, et cetera, necessary for these transmittals are to be provided by the vendor.
- 3.3. Final lab test report(s) will include results of all tests ordered on a single requisition.
- 3.4. In the event the fax or other transmittal mechanisms are inoperable, the Vendor will expedite the delivery of final written lab report(s) by courier Monday through Friday.
- 3.5. The Vendor will work with the NH Department of Corrections in designing a custom requisition form that includes NH Department of Corrections special panels and NH Department of Corrections specified tests for HIV and Hepatitis C.

4. Format of Lab Test Results:

- 4.1. Preferred format of the lab test results will be a horizontal, left to right format.
- 4.2. If the Vendor cannot provide reporting in this format, the Vendor will supply a written explanation.
- 4.3. This requirement will facilitate one (1) page reporting for most lab results.
- 4.4. The Vendor will be required to provide a sample copy of a final lab report with the submission of a proposal.

5. Abnormal and Reportable Lab Results:

- 5.1. The Vendor will report all abnormal lab results as stipulated by the NH Department of Corrections Chief Medical Officer telephonically within four (4) hours of completion of the tests.
- 5.2. The Vendor will provide copies of all reportable test results sent to the Division of Public Health Services.

6. Phlebotomist Services:

- 6.1. Phlebotomist services will be provided by the Vendor two (2) times per week for the Northern Correctional Facility (NCF) Berlin, NH, three (3) times per week for the NH State Prison for Men (NHSP-M) to include once (1) a week for the Secure Psychiatric Unit (SPU), once (1) a week at the Special Housing Unit (SHU), Concord, NH and two (2) times per week at the NH State Prison for Women (NHSP-W).
- 6.2. The on-site days of the Phlebotomist will be determined by the NH Department of Corrections. If the NH Department of Corrections nurses perform venipuncture, there will be no special preparations of the specimen, i.e. no slide preparations or other lab preps such as transfer of specimens from one tube to another.
- 6.3. Phlebotomist will be on site for a maximum of three (3) hours per session per site.
- 6.4. Phlebotomist services shall be inclusive of collection time and training.

7. Utilization Management Reports:

- 7.1. The Vendor will provide the NH Department of Corrections with monthly utilization management reports. The reports will require sorts by variables such as ordering provider, inmate name, inmate number, facility, date of test, test name, test code and test cost.

8. Supplies:

- 8.1. The Vendor will provide all supplies to include but not limited to safety collection needles necessary for NH Department of Corrections nursing staff to obtain/collect specimens.

Vendor Initials: _____

9. Venipuncture Training:

The Vendor will provide venipuncture and specimen collection training as needed for the NH Department of Corrections nursing staff.

10. General Service Provisions:

- 10.1. The NH Department of Corrections on-site Nurse Coordinator or designee shall contact the Vendor when service is needed. A list of NH Department of Corrections, Nursing Coordinators will be provided to the Vendor upon awarding the contract.
- 10.2. The Vendor must furnish the required tools and equipment necessary to provide the requested services of the Contract.
- 10.3. The Vendor agrees to comply with all rules and regulations of the NH Department of Corrections.
- 10.4. Upon agreement of both parties, additional facilities belonging to the NH Department of Corrections may be added to the contract. If it is necessary to increase the price limitation of the contract this provision will require Governor and Executive Council approval.
- 10.5. The Vendor will be responsible for providing the Name, Date of Birth (DOB), and Social Security number of all employees the Vendor plans to assign to work at the NH Department of Corrections facilities. The NH Department of Corrections will do a criminal record check on all prospective workers who might be assigned to any NHDOC facility. Anyone who is found to have a criminal record shall not be allowed to work at these facilities. Names must be submitted to the Medical Operations Administrator, Joyce Leeka at least seven (7) days before the persons are to work on-site. This rule applies for any new Vendor employees that are assigned to work at any NH Department of Corrections facility. This policy applies for the duration of the Contract.
- 10.6. Any and all tools, containers, and vehicles the Vendor needs to provide the required services must be inventoried before entering and leaving the facility and are subject to search by NH Department of Corrections security staff at any and all times while on NH Department of Corrections facility grounds.
- 10.7. The Contractor shall adhere to Department's confidentiality policy and procedure directives.
- 10.8. The Contractor shall adhere to and maintain compliance with the following: consent decrees, State laws and regulations, Departmental policy and procedure directives and accreditation standards as applicable.
- 10.9. The Contractor shall ensure that NH State licensed professionals provide the services required.
- 10.10. The Contractor and its staff must possess the credentials, licenses and/or certificates required by law and regulations to provide the services required.
- 10.11. The Department may, at its sole discretion, remove from or refuse admittance to any Department facility any person providing services under this Contract without incurring penalty or cost for exercising this right. The Contractor shall be responsible for assuring that the services that the person so removed or denied access are delivered.
- 10.12. Change of Ownership:
In the event that the Vendor should change ownership for any reason whatsoever, the NH Department of Corrections shall have the option of continuing under the Contract with the Vendor or its successors or assigns for the full remaining term of the Contract, continuing under the Contract with the Vendor or, its successors or, assigns for such period of time as determined necessary by the NH Department of Corrections, or terminating the Contract.
- 10.13. Cancellation of the Contract:
The NH Department of Corrections reserves the right to cancel this contract for the convenience of the State with no penalties by giving the Vendor sixty (60) days notice of said cancellation.

Vendor Initials: _____

10.14. Declaration of Liaison:

The Vendor shall, within five (5) days after the award of the Contract: submit a written identification and notification to NH Department of Corrections of the name, title, address, telephone number, fax number and e-mail address of one (1) individual within its organization as a duly authorized representative to whom all correspondence, official notices and requests related to the Vendor's performance under the Contract.

10.14.1. Any written notice to the Vendor shall be deemed sufficient when deposited in the U.S. mail, postage prepaid and addressed to the person designated by the Vendor under this paragraph.

10.14.2. The Vendor shall have the right to change or substitute the name of the individual described above as deemed necessary provided that any such change is not effective until the Commissioner of the NH Department of Corrections actually receives notice of this change.

10.14.3. Changes of the named Liaison by the Vendor must be made in writing and forwarded to: NH Department of Corrections, Medical Operations Administrator, c/o Joyce Leeka, 105 Pleasant Street, Concord, NH 03301.

10.15. Vendor Contract Liaison Responsibilities:

The Vendor shall designate a representative to act as liaison between the Vendor and NH Department of Corrections for the duration of the Contract. The representative shall be responsible for:

10.15.1. representing the Vendor on all matters pertaining to the Contract. Such a representative shall be authorized and empowered to represent the Vendor regarding all aspects of the Contract;

10.15.2. monitoring the Vendor's compliance with the terms of the Contract;

10.15.3. receiving and responding to all inquiries and requests made by NH Department of Corrections in the time frames and format specified by NH Department of Corrections in this RFP and in the Contract; and

10.15.4. meeting with representatives of NH Department of Corrections on a periodic or as-needed basis to resolve issues which may arise.

10.16. NH Department of Corrections Contract Liaison Responsibilities:

The NH Department of Corrections Commissioner of Corrections, or designee, shall act as liaison between the Vendor and NHDOC for the duration of the Contract. NH Department of Corrections reserves the right to change its representative, at its sole discretion, during the term of the Contract, and shall provide the Vendor with written notice of such change. NH Department of Corrections representative shall be responsible for:

10.16.1. representing NH Department of Corrections on all matters pertaining to the Contract. The representative shall be authorized and empowered to represent NH Department of Corrections regarding all aspects of the Contract subject to the New Hampshire Governor and Executive Council approval, where needed;

10.16.2. monitoring compliance with the terms of the Contract;

10.16.3. responding to all inquiries and requests related to the Contract made by the Vendor, under the terms and in the time frames specified by the Contract;

10.16.4. meeting with the Vendor's representative on a periodic or as-needed basis and resolving issues which arise; and,

10.16.5. informing the Vendor of any discretionary action taken by NH Department of Corrections pursuant to the provisions of the Contract.

Vendor Initials: _____

10.17. Reporting Requirements:

The Vendor shall provide reports as requested below:

10.17.1. monthly summary of services provided by facility, inmate, inmate #, and services provided and;

10.17.2. any information requested by the NH Department of Corrections.

10.18. Performance Evaluation: NH Department of Corrections shall, at its sole discretion:

10.18.1. monitor and evaluate the Vendor's compliance with the terms of the contract;

10.18.2. the NH Department of Corrections Bureau of Quality Improvement, Compliance and Research Director may meet with the Vendor at a minimum of twice (2) a year to assess the performance of the Vendor relative to the Vendor's compliance with the contract as set forth in the approved Contract document;

10.18.3. review reports submitted by the Vendor. NH Department of Corrections shall determine the acceptability of the reports. If they are not deemed acceptable, NH Department of Corrections shall notify the Vendor and explain the deficiencies;

10.18.4. request additional reports the NH Department of Corrections deems necessary for the purposes of monitoring and evaluating the performance of the Vendor under the Contract.

11. Other Contract Provisions:

11.1. Modifications to the Contract:

In the event of any dissatisfaction with the Vendor's performance, the NH Department of Corrections will inform the Vendor of any dissatisfaction and will include requirements for corrective action.

11.1.1. The Department of Corrections has the right to terminate the Contract, if the NH Department of Corrections determines that the Vendor is:

11.1.2. not in compliance with the terms of the Contract, or;

11.1.3. as otherwise permitted by law or as stipulated within this Contract.

11.2. Coordination of Efforts:

The Vendor shall fully coordinate his or her activities in the performance of the Contract with those of the NH Department of Corrections. As the work of the Vendor progresses, advice and information on matters covered by the Contract shall be made available by the Vendor to NH Department of Corrections as requested by NH Department of Corrections throughout the effective period of the Contract.

12. Bankruptcy or Insolvency Proceeding Notification:

12.1. Upon filing for any bankruptcy or insolvency proceeding by or against the Vendor, whether voluntary or involuntary, or upon the appointment of a receiver, trustee, or assignee for the benefit of creditors, the Vendor must notify the NH Department of Corrections immediately.

12.2. Upon learning of the actions herein identified, the NH Department of Corrections reserves the right at its sole discretion to either cancel the Contract in whole or in part, or, re-affirm the Contract in whole or in part.

13. Embodiment of the Contract:

13.1. The Contract between the NH Department of Corrections and the Vendor shall consist of:

13.1.1. the Request for Proposal (RFP) and any amendments thereto;

13.1.2. the proposal submitted by the Vendor in response to the RFP; and/or

13.1.3. a negotiated document (Contract) agreed to by and between the parties that is ratified by a "meeting of the minds" after careful consideration of all of the terms and conditions and that which is approved by the Governor and Executive Council of the State of New Hampshire.

Vendor Initials: _____

- 13.2. In the event of a conflict in language between the documents referenced above, the provisions and requirements set forth and/or referenced in the negotiated document noted in 6.1.3. shall govern.
- 13.3. The NH Department of Corrections reserves the right to clarify any contractual relationship in writing with the concurrence of the Vendor, and such written clarification shall govern in case of conflict with the applicable requirements stated in the RFP or the Vendor's proposal and/or the result of a Contract.

14. Cancellation of Contract:

- 14.1. The Department of Corrections may cancel the Contract at any time for breach of Contractual obligations by providing the Vendor with a written notice of such cancellation.
- 14.2. Should the NH Department of Corrections exercise its right to cancel the Contract for such reasons, the cancellation shall become effective on the date as specified in the notice of cancellation sent to the Vendor.
- 14.3. The NH Department of Corrections reserves the right to terminate the Contract without penalty or recourse by giving the Vendor a written notice of such termination at least sixty (60) days prior to the effective termination date.

15. Vendor Transition:

NH Department of Corrections, at its discretion, in any Contract resulting from this RFP, may require the Vendor to work cooperatively with any predecessor and/or successor Vendor to assure the orderly and uninterrupted transition from one Vendor to another.

16. Audit Requirement:

Contractor agrees to comply with any recommendations arising from periodic audits on the performance of this contract, providing they do not require any unreasonable hardship, which would normally affect the value of the Contract.

17. Additional Items/Locations:

Upon agreement of both party's additional equipment and/or other facilities belonging to the NH Department of Corrections may be added to the Contract. In the same respect, equipment and/or facilities listed as part of the provision of services of the Contract may be deleted as well.

18. Employee Information:

The Contractor shall be responsible for providing the name, DOB and Social Security number of all employees the contractor plans to assign to work at the NH Department of Corrections facilities. The NHDOC shall do a criminal record check on all prospective workers who might be assigned to any departmental facility. Anyone who is found to have a criminal record may not be allowed to work at these facilities. Names must be submitted to the Director of Nursing at least seven (7) days before work is scheduled to begin. Any new employees that are assigned to work at any NH Department of Corrections facility, the same rules apply for the duration of the Contract.

19. Institutional Rules:

The Vendor shall follow the NH Department of Corrections Rules of Conduct and the Administrative Rules and any and all rules of the institution which they are servicing.

20. Tool Inventory:

Any tool the Contractor needs to provide or perform the required services must be inventoried before entering and leaving the facility.

Vendor Initials: _____

21. Special Notes:

- 21.1. The headings and footings of the sections of the Exhibit A, B, and C are for convenience only and shall not affect the interpretation of any section.
- 21.2. The NH Department of Corrections reserves the right to require use of a third party administrator during the life of the Contract.
- 21.3. Locations per Contract year may be increased/decreased and or reassigned to alternate facilities during the Contract term at the discretion of the Department.
Locations may be added and/or deleted after the awarding of a Contract at the discretion of the Department and upon mutual agreement of the Commissioner of the Department of Corrections and the Vendor.
- 21.4. In the event that the NH Department of Corrections wishes to add or remove facilities at which the Contractor is to provide services, it shall:
 - 21.4.1. give the Contractor fourteen (14) days written notice of the proposed change; and
 - 21.4.2. secure the Contractor's written agreement to the proposed changes.
- 21.5. Notwithstanding the foregoing, or any provision of this Agreement to the contrary, in no event shall changes to facilities be allowed that modify the "Completion Date" or "Price Limitation" of the Agreement without approval by Commissioner of Corrections and the Governor and Executive Council of the State of New Hampshire.

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Vendor Initials: _____

1. NH Department of Corrections Specialty Laboratory Panels:

1.1. Drug Screen 10:

Barbiturates
Benzodiazepine Metabolites
Cocaine and Metabolite
MDMA
Methadone and Metabolite
Methamphetamines
Morphine-Amphetamines
PCP
Tetrahydrocannabinol (THC)
Tricyclic Antidepressants

2.1. Drug Screen 11:

Alcohol
Amphetamines
Barbiturates
Benzodiazepine Metabolites
Cocaine and Metabolite
Methaqualone and Metabolite
Methadone and Metabolite
Opiates
Phencyclidine
Propoxyphene and Metabolite
Tetrahydrocannabinol (THC)

3.1. Drug Screen 14:

Barbiturates
Benzodiazepine Metabolites
Buprenorphine
Cocaine and Metabolite
MDMA
Methamphetamines
Methadone and Metabolite
Opiates
Oxycodone
PCP
Propoxyphene-Amphetamines
Tetrahydrocannabinol (THC)
Tricyclic Antidepressants
Vicodin/Hydrocodone

Vendor Initials: _____

1. NH Department of Corrections Specialty Laboratory Panels Continued:

4.1. Hepatitis Panel, Acute (4)

Hep C Ab

Hep A Ab, IgM

Hep B Core Ab, IgM

Hep B Surface Ag

5.1. Admission Panel 1 (Males age 49 or less, all females)

Comprehensive Metabolic Panel (CMP) 14, Lipid Panel (LP), RPR

6.1. Admission Panel 2 (Males age 50 and older)

Comprehensive Metabolic Panel (CMP) 14, Lipid Panel (LP), RPR, PSA

7.1. Admission Panel 3

Comprehensive Metabolic Panel (CMP) 14, Thyroid Panel (TP), CBC w/ Diff, Platlet (Plt) RPR

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Vendor Initials: _____

The Vendor proposes to provide Clinical Laboratory Services for New Hampshire Department of Corrections (Department) inmates in conformance with all terms and conditions of this RFP.

The pricing information quoted by the Vendor in Exhibit B represents the total price for providing all services, materials and supplies according to the provisions and requirements specified in the RFP, which shall remain in effect until the Contract completion date as listed on the State Contract form P-37, version 1/09, section 1.7 - Completion Date.

AUTHORIZED SIGNATURE

DATE

NAME AND TITLE OF SIGNOR (Please Type)

THE VENDOR ASSUMES ALL RISKS THAT ACTUAL FUTURE FIGURES MAY VARY DUE TO INCREASES IN INMATE POPULATION.

If the NH Department of Corrections determines it is in the best interest of the State, it may seek a “*BEST AND FINAL OFFER*” from the Vendor(s) submitting acceptable and /or potentially acceptable proposals. The “*BEST AND FINAL OFFER*” would provide the Vendor(s) the opportunity to amend or change its original proposal to make it more acceptable to the State. NH Department of Corrections reserves the right to exercise this option.

If the NH Department of Corrections determines it is in the best interest of the State, it may seek a “*BEST AND FINAL OFFER*” which shall provide the NH Department of Corrections the opportunity to modify volume indicators, if applicable, identified in Exhibit B, of the RFP. Such request of the New Hampshire Department of Corrections would provide the Vendor(s) the opportunity to amend or change its original proposal(s) to make it more acceptable to the State. The NH Department of Corrections reserves the right to exercise this option.

Financial responsibility for preparation of proposals is the sole responsibility of the Vendor. The solicitation of the Vendors’ Proposal (Request for Proposals) shall not commit the Department to award a Contract.

Financial commitment by the NH Department of Corrections shall not occur until such time as the Governor and the Executive Council of the State of New Hampshire approve a Contract.

Vendor Initials: _____

1. Method of Payment:

- 1.1. Services are to be invoiced monthly commencing thirty (30) days after the start of service. Due dates for monthly invoices will be the 15th of the month following the month in which services are provided.
- 1.2. Invoices shall be sent to the NH Department of Corrections, Division of Medical/Forensic Services, and Attn: Medical Operations Administrator, PO Box 1806, Concord, NH 03302-1806 for approval.
- 1.3. Once approved, the original invoices shall be sent to the Department's Bureau of Financial Services for processing and issuance of payment.
- 1.4. The NH Department of Corrections may make adjustments to the payment amount identified on a Vendor's monthly invoice. The NH Department of Corrections shall suspend payment to an invoice if an invoice is not submitted in accordance with the instructions established by the NH Department of Corrections.
- 1.5. The NH Department of Corrections Bureau of Financial Services may issue payment to the Contractor within thirty (30) days of receipt of an approved invoice. Invoices shall be itemized by facility and contain the following information:
 - 1.5.1. invoice date and number;
 - 1.5.2. facility name and associated Contractor account number (if applicable) representing facility name;
 - 1.5.3. quantity, description and inmate name associated with services rendered;
 - 1.5.4. itemized service/product total charge per service/product type.
- 1.6. Payment shall be made to the name and address identified in the Contract as the "Contractor" unless: (a) the Contractor has authorized a different name and mailing address in writing or; (b) authorized a different name and mailing address in an official State of New Hampshire Contractor Registration Application Form; or (c) unless a court of law specifies otherwise. The Contractor shall not invoice federal tax. The State's tax-exempt certificate number is 026000618W.
- 1.7. Any related service and/or product charges shall be at the expense of the Vendor to include but not limited to:
 - 1.7.1. delivery of incorrect equipment/supplies requested/ordered by the NHDOC;
 - 1.7.2. shipping and handling charges;
 - 1.7.3. gasoline charges;
 - 1.7.4. any related travel expenses for Vendor's personnel to facilities.
- 1.8. Exhibit B-1, Fee Schedule shall remain in full force for the duration of this agreement.

2. Fee Structure for Clinical Laboratory Services:

- 2.1. The Fee Structure for Clinical Laboratory Services shall include:
 - 2.1.1. laboratory tests (cumulative total of the estimated volume of each laboratory test multiplied by the Vendor's unit cost of each laboratory test);
 - 2.1.2. on-site Phlebotomist services (training and collection time of samples/specimens) shall be inclusive of the Vendor's unit cost of each laboratory test.
- 2.2. The NH Department of Corrections is seeking the best rates available with regard to Laboratory costs. The 2009 CMS Laboratory Fee Schedule, Medicare plus 10% is our basis for comparison with regard to proposed Vendor costs in assessing the Total Estimated Cost in the Scoring Criteria.

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Vendor Initials: _____

3. Clinical Laboratory Fee Schedule:

3.1. Northern and Southern Correctional Facilities

Name of Bidder: _____
 (as found on the State of NH Certificate of Good Standing to include DBA names)

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2009 CMS Laboratory Fee Schedule, Medicare plus 10% (For Vendor Information Only)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
1	86900	ABO Grouping and Rho(D) Typing	\$ 4.79	7	\$	\$
2	82003	Acetaminophen (Tylenol®), Serum	\$ 32.51	2	\$	\$
3	83519	AChR Blocking Antibodies, Serum	\$ 21.70	1	\$	\$
4	82024	ACTH, Plasma	\$ 62.04	3	\$	\$
5	83516	Actin (Smooth Muscle) Antibody	\$ 18.40	10	\$	\$
6	87070	Aerobic Bacterial Culture, General	\$ 13.83	222	\$	\$
7	87116	AFB Broth-Based Culture & Smear	\$ 17.36	3	\$	\$
8	82105	AFP, Serum, Open Spina Bifida	\$ 26.94	1	\$	\$
9	82105	AFP, Serum, Tumor Marker	\$ 26.94	102	\$	\$
10	82105	AFP, Serum, Tumor Marker (Serial)	\$ 26.94	1	\$	\$
11	82135	ALA Delta, Random Urine	\$ 22.44	2	\$	\$
12	82085	Aldolase	\$ 15.59	1	\$	\$
13	82088	Aldosterone, Serum	\$ 65.45	6	\$	\$
14	84075	Alkaline Phosphatase, Serum	\$ 8.32	2	\$	\$
15	86003	Allergen Profile, Basic Food Profile	\$ 8.38	2	\$	\$
16	86003	Allergen Profile, Food-Fish	\$ 8.38	12	\$	\$
17	86003	Allergen Profile, Food-Meat	\$ 8.38	1	\$	\$
18	86003	Allergen Profile, Shellfish	\$ 8.38	13	\$	\$
19	86003	Allergens (4)	\$ 8.38	1	\$	\$
20	86003	Allergens (7)	\$ 8.38	3	\$	\$
21	82103	Alpha-1-Antitrypsin, Serum	\$ 21.57	4	\$	\$
22	84460	ALT/SGPT	\$ 8.50	376	\$	\$
23	80152	Amitriptyline (Elavil®), Serum	\$ 28.75	11	\$	\$
24	82140	Ammonia, Plasma	\$ 23.41	90	\$	\$
25	82150	Amylase, Serum	\$ 10.41	108	\$	\$
26	80100	Anabolic Steroids	\$ 23.35	2	\$	\$
27	87070	Anaerobic and Aerobic Culture	\$ 13.83	4	\$	\$
28	82164	Angiotensin-Converting Enzyme	\$ 23.44	7	\$	\$
29	86147 (x3)	Anticardiolipin (ACA) Ab, IgA/G/M, Quant	\$ 22.08	1	\$	\$
30	86147	Anticardiolipin (ACA) Ab, IgG Quant	\$ 22.08	2	\$	\$
31	86225	Anti-dsDNA Antibodies	\$ 22.07	2	\$	\$
32	86038	Antinuclear Antibodies (ANA) Direct	\$ 19.42	106	\$	\$
33	85300	Antithrombin Activity	\$ 19.03	2	\$	\$
34	82542	Aripiprazole	\$ 29.01	1	\$	\$
35	84450	Aspartate Aminotransferase (AST/SGOT)	\$ 8.31	18	\$	\$
36	82205	Barbiturates (GC/MS), Blood	\$ 18.39	1	\$	\$
37	83880	B-Type Natriuretic Peptide	\$ 54.52	1	\$	\$
38	80154	Benzodiazepine Confirmation, Urine	\$ 29.70	1	\$	\$
39	87081	Beta-Hemolytic Strep Culture, Grp A	\$ 9.26	99	\$	\$
Subtotal [Sum of Total Cost Column Exhibit B-1, Page 1 of 11 (Item # 1 – 39)]:						\$

Vendor Initials: _____

2. Clinical Laboratory Fee Schedule Continued:
3.1. Northern and Southern Correctional Facilities

Name of Bidder: _____
(as found on the State of NH Certificate of Good Standing to include DBA names)

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2009 CMS Laboratory Fee Schedule, Medicare plus 10% (For Vendor Information Only)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
40	82232	B-2 Microglobulin, Serum	\$ 25.98	6	\$	\$
41	82232	B-2 Microglobulin, Serum (Serial)	\$ 25.98	1	\$	\$
42	82248	Bilirubin, Direct	\$ 8.06	1	\$	\$
43	82247	Bilirubin, Total	\$ 8.06	3	\$	\$
44	86003	Black Bean, IgE	\$ 8.38	1	\$	\$
45	87040	Blood Culture, Routine	\$ 16.58	4	\$	\$
46	87070	Body Fluid Culture, Sterile, Routine	\$ 13.83	2	\$	\$
47	83970	Ca + PTH Intact	\$ 66.30	2	\$	\$
48	82652	Calcitriol (1, 25 di-OH Vitamin D)	\$ 61.82	2	\$	\$
49	82330	Calcium, Ionized, Serum	\$ 21.95	2	\$	\$
50	82310	Calcium, Serum	\$ 8.28	18	\$	\$
51	82340	Calcium, 24-Hr Urine	\$ 9.69	1	\$	\$
52	82360	Calculi, Urinary	\$ 20.68	6	\$	\$
53	82360	Calculi, Urinary, w/ Photograph	\$ 20.68	2	\$	\$
54	86304	Cancer Antigen (CA) 125, Serum	\$ 33.42	3	\$	\$
55	80156	Carbamazepine (Tegretol®), Serum	\$ 23.39	99	\$	\$
56	86301	Carbohydrate Antigen 19-9	\$ 33.42	3	\$	\$
57	82378	Carcinoembryonic Antigen (CEA)	\$ 30.47	7	\$	\$
58	82380	Carotene, Beta	\$ 14.82	5	\$	\$
59	84681	C-Peptide, Serum	\$ 33.42	1	\$	\$
60	86141	C-Reactive Protein (CRP), Cardiac	\$ 20.80	7	\$	\$
61	86140	C-Reactive Protein (CRP), Quant	\$ 8.32	185	\$	\$
62	85025	CBC w/ Differential/Platelet	\$ 12.49	2680	\$	\$
63	85014	CBC w/ Differential w/o Platelet	\$ 3.81	15	\$	\$
64	85014	CBC w/o Differential/Platelet	\$ 3.81	5	\$	\$
65	85027	CBC w/o Differential w/ Platelet	\$ 10.40	5	\$	\$
66	86200	CCP IgG Antibodies, ELISA	\$ 20.80	4	\$	\$
67	86360	CD4:CD8 Ratio Profile	\$ 22.08	1	\$	\$
68	89051	Cell Count, Body Fluid	\$ 8.84	3	\$	\$
69	82390	Ceruloplasmin	\$ 17.25	4	\$	\$
70	87491	Chlamydia/Gonococcus Amplificatio	\$ 41.83	116	\$	\$
71	87800	Chlamydia/Gonococcus, DNA Probe	\$ 64.42	123	\$	\$
72	87800	Chlamydia/GC, DNA Probe w/ Conf	\$ 64.42	8	\$	\$
73	87270	Chlamydia trachomatis, DFA	\$ 18.40	1	\$	\$
74	87491	Chlamydia trachomatis, NAA	\$ 41.83	16	\$	\$
75	82465	Cholesterol, Total	\$ 7.00	1	\$	\$
76	82507	Citric Acid (Citrates), 24-Hr Urine	\$ 34.05	1	\$	\$
77	87324	Clostridium difficile Toxin A+B, EIA	\$ 18.40	58	\$	\$
78	87230	Clostridium difficile Toxin B Cytotox	\$ 31.38	1	\$	\$
79	80154	Clozapine (Clozaril®), Serum	\$ 29.70	9	\$	\$
Subtotal [Sum of Total Cost Column Exhibit B-1, Page 2 of 11 (Item # 40 – 79)]:						\$

Vendor Initials: _____

3. Clinical Laboratory Fee Schedule Continued:

3.1. Northern and Southern Correctional Facilities

Name of Bidder: _____
(as found on the State of NH Certificate of Good Standing to include DBA names)

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2009 CMS Laboratory Fee Schedule, Medicare plus 10% (For Vendor Information Only)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
80	86880	Coombs', Direct	\$ 8.62	1	\$	\$
81	82525	Copper, Serum or Plasma	\$ 19.93	1	\$	\$
82	82533	Cortisol	\$ 26.19	33	\$	\$
83	82533	Cortisol – AM	\$ 26.19	1	\$	\$
84	82550	Creatine Kinase (CK), Total, Serum	\$ 10.46	115	\$	\$
85	82540	Creatine, 24-Hr Urine	\$ 7.44	1	\$	\$
86	82575	Creatinine Clearance	\$ 15.17	11	\$	\$
87	82565	Creatinine, Serum	\$ 8.23	110	\$	\$
88	82570	Creatinine Urine + Prot Urine	\$ 8.32	1	\$	\$
89	82595	Cryoglobulin, Ql, Serum	\$ 10.40	4	\$	\$
90	82595	Cryoglobulin, Ql, Serum w/ Qnt Rflx	\$ 10.40	6	\$	\$
91	89060	Crystal Exam, Miscellaneous Fluid	\$ 11.48	3	\$	\$
92	86644	Cytomegalovirus Antibodies, IgG	\$ 23.12	8	\$	\$
93	82627	Dehydroepiandrosterone Sulfate	\$ 35.71	2	\$	\$
94	80160	Desipramine, Serum	\$ 27.64	4	\$	\$
95	80154	Diazepam (Valium®), Serum	\$ 29.70	1	\$	\$
96	80162	Digoxin, Serum	\$ 21.33	8	\$	\$
97	85613	Dilute Russell Viper Venom Time	\$ 15.37	1	\$	\$
98	80166	Doxepin (Sinequan®), Serum	\$ 24.90	1	\$	\$
99	85613	dRVVT Mix	\$ 15.37	1	\$	\$
100	85613	dRVVT Confirm	\$ 15.37	1	\$	\$
101	80101 (x7)	Drug Profile, Blood (7 Drugs)	\$ 22.12	1	\$	\$
102	80101 (x8)	Drug Profile, Urine (7 Drugs + Alcohol)	\$ 22.12	1	\$	\$
103	80101 (x7)	Drug Profile Routine, Urine (7 Drug) (GC/MS Confirm w/ + Charge)	\$ 22.12	1	\$	\$
104	80101 (x7)	Drug Profile Routine, Urine (7 Drug) (GC/MS included)	\$ 22.12	2	\$	\$
105	80051	Electrolyte Panel	\$ 11.26	39	\$	\$
106	82668	Erythropoietin (EPO), Serum	\$ 30.20	1	\$	\$
107	82670	Estradiol	\$ 44.88	1	\$	\$
108	83891	Factor V Leiden Mutation Analysis	\$ 6.44	3	\$	\$
109	83892	Factor II, DNA Analysis	\$ 6.44	1	\$	\$
110	82728	Ferritin, Serum	\$ 21.88	588	\$	\$
111	85384	Fibrinogen Activity	\$ 13.64	1	\$	\$
112	82746	Folate (Folic Acid)	\$ 23.62	1	\$	\$
113	83001	FSH, Serum	\$ 29.85	7	\$	\$
114	83001	FSH and LH	\$ 29.85	19	\$	\$
115	87101	Fungus Culture w/ Stain	\$ 12.39	3	\$	\$
116	87101	Fungus (Mycology) Culture	\$ 12.39	1	\$	\$
Subtotal [Sum of Total Cost Column Exhibit B-1, Page 3 of 11 (Item # 80 – 116)]:						\$

Vendor Initials: _____

3. Clinical Laboratory Fee Schedule Continued:

3.1. Northern and Southern Correctional Facilities

Name of Bidder: _____
 (as found on the State of NH Certificate of Good Standing to include DBA names)

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2009 CMS Laboratory Fee Schedule, Medicare plus 10% (For Vendor Information Only)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
117	86003	F002 Milk (Cow)	\$ 8.38	4	\$	\$
118	86003	F003 Codfish	\$ 8.38	2	\$	\$
119	86003	F006 Barley, Whole Grain	\$ 8.38	1	\$	\$
120	86003	F011 Buckwheat	\$ 8.38	1	\$	\$
121	86003	F013 Peanut	\$ 8.38	4	\$	\$
122	86003	F014 Soybean	\$ 8.38	2	\$	\$
123	86003	F015 White Bean	\$ 8.38	1	\$	\$
124	86003	F020 Almond	\$ 8.38	1	\$	\$
125	86003	F021 Cane Sugar	\$ 8.38	1	\$	\$
126	86003	F024 Shrimp	\$ 8.38	1	\$	\$
127	86003	F026 Pork	\$ 8.38	1	\$	\$
128	86003	F027 Beef	\$ 8.38	1	\$	\$
129	86003	F033 Orange	\$ 8.38	1	\$	\$
130	86003	F040 Tuna	\$ 8.38	5	\$	\$
131	86003	F041 Salmon	\$ 8.38	1	\$	\$
132	86003	F042 Haddock	\$ 8.38	1	\$	\$
133	86003	F045 Yeast, Baker's	\$ 8.38	1	\$	\$
134	86003	F046 Nut Mix 2	\$ 12.80	1	\$	\$
135	86003	F048 Onions	\$ 8.38	4	\$	\$
136	86003	F049 Apple	\$ 8.38	1	\$	\$
137	86003	F050 Mackerel	\$ 8.38	1	\$	\$
138	86003	F079 Gluten	\$ 8.38	1	\$	\$
139	86003	F080 Lobster	\$ 8.38	1	\$	\$
140	86003	F081 Cheese, Cheddar	\$ 8.38	1	\$	\$
141	86003	F094 Pear	\$ 8.38	1	\$	\$
142	86003	F212 Mushroom	\$ 8.38	2	\$	\$
143	86003	F121 Pinto Bean	\$ 8.38	1	\$	\$
144	86003	F183 Sunflower Seed	\$ 8.38	1	\$	\$
145	86003	F203 Crab	\$ 8.38	3	\$	\$
146	86003	F207 Clam	\$ 8.38	1	\$	\$
147	86003	F284 Turkey	\$ 8.38	3	\$	\$
148	86003	F235 Lentil	\$ 8.38	1	\$	\$
149	86003	F236 Whey	\$ 8.38	1	\$	\$
150	86003	F242 Bing Cheery	\$ 8.38	1	\$	\$
151	86003	F245 Egg, Whole	\$ 8.38	4	\$	\$
152	86003	F256 Walnut, Food	\$ 8.38	1	\$	\$
153	86003	F287 Kidney Bean (Red Bean)	\$ 8.38	1	\$	\$
154	86003	F315 Green Bean	\$ 8.38	1	\$	\$
155	86003	F384 Whitefish	\$ 8.38	3	\$	\$
156	82491	Gabapentin (Neurontin®), Serum	\$ 29.01	59	\$	\$
Subtotal [Sum of Total Cost Column Exhibit B-1, Page 4 of 11 (Item # 117 – 156)]:						\$

Vendor Initials: _____

3. Clinical Laboratory Fee Schedule Continued:

3.1. Northern and Southern Correctional Facilities

Name of Bidder: _____
 (as found on the State of NH Certificate of Good Standing to include DBA names)

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2009 CMS Laboratory Fee Schedule, Medicare plus 10% (For Vendor Information Only)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
157	87081	GC Culture Only	\$ 9.26	1	\$	\$
158	87070	Genital Culture, Routine	\$ 13.83	5	\$	\$
159	80170	Gentamicin, Serum, Peak	\$ 26.32	1	\$	\$
160	80170	Gentamicin, Serum, Trough	\$ 26.32	1	\$	\$
161	82951	Gestational Glucose Tolerance	\$ 20.68	1	\$	\$
162	82977	GGT	\$ 11.56	5	\$	\$
163	87329	Giardia lamblia Direct Detection EIA	\$ 18.40	3	\$	\$
164	82947	Glucose, Plasma	\$ 6.30	8	\$	\$
165	82947	Glucose, Serum	\$ 6.30	31	\$	\$
166	82951	Glucose Tolerance Test (GTT), Blood	\$ 20.68	1	\$	\$
167	82950	Glucose, 1-Hour PP	\$ 7.62	2	\$	\$
168	82950	Glucose (1 Spec) Tolerance, Serum	\$ 7.62	2	\$	\$
169	82947	Glucose (2 Spec) Tolerance, Serum	\$ 6.30	2	\$	\$
170	83036	Glycohemoglobin (GHB), Total	\$ 15.59	1	\$	\$
171	87205	Gram Stain	\$ 6.85	2	\$	\$
172	82955	G-6-PD, Quantity, Blood and Hgb	\$ 15.58	1	\$	\$
173	84703	hCG, Beta Subunit, Qual, Serum	\$ 12.07	5	\$	\$
174	84702	hCG, Beta Subunit, Quant, Serum	\$ 24.18	10	\$	\$
175	80173	Haloperidol (Haldol®), Serum	\$ 23.39	5	\$	\$
176	87516	HBV DNA, Qualitative	\$ 41.83	4	\$	\$
177	87517	HBV DNA, QuantaSure™ PCR	\$ 68.79	11	\$	\$
178	87517	HBV, NGI SuperQuant™, Qnt PCR	\$ 68.79	1	\$	\$
179	87517	HBV DNA QuantaSure™, PCR (Serial)	\$ 68.79	3	\$	\$
180	87517	HBV Real-Time PCR, Quant	\$ 68.79	2	\$	\$
181	86803	HCV Ab w/Rflx to RIBA	\$ 21.37	12	\$	\$
182	86803	HCV Antibody	\$ 21.37	5	\$	\$
183	83883	HCV FibroSure	\$ 18.23	170	\$	\$
184	87902	HCV Genotyping Nonreflex	\$ 132.13	36	\$	\$
185	87522	HCV, NGI SuperQuant™	\$ 68.79	1	\$	\$
186	87522	HCV , NGI QuantaSure™, Qnt, PCR	\$ 68.79	2	\$	\$
187	87522	HCV QuantaSure™ Plus (Non-Graph)	\$ 68.79	254	\$	\$
188	87522	HCV RNA PCR, Quan, Reflex Geno	\$ 68.79	1	\$	\$
189	87522	HCV RT-PCR, Quant (Non-Graph)	\$ 68.79	13	\$	\$
190	82175	Heavy Metals Profile I, Urine	\$ 30.47	1	\$	\$
191	86677	Helicobacter pylori, IgA	\$ 23.31	1	\$	\$
192	86677	Helicobacter pylori Ab IgG, IgA	\$ 23.31	1	\$	\$
193	86677	Helicobacter pylori Ab IgG, IgA, IgM	\$ 23.31	3	\$	\$
Subtotal [Sum of Total Cost Column Exhibit B-1, Page 5 of 11 (Item # 157 – 193)]:						\$

Vendor Initials: _____

3. Clinical Laboratory Fee Schedule Continued:
3.1. Northern and Southern Correctional Facilities

Name of Bidder: _____
(as found on the State of NH Certificate of Good Standing to include DBA names)

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2009 CMS Laboratory Fee Schedule, Medicare plus 10% (For Vendor Information Only)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
194	86677	Helicobacter pylori Ab, IgG	\$ 23.31	127	\$	\$
195	86677	Helicobacter pylori, Ab, IgM	\$ 23.31	2	\$	\$
196	86361	Helper T-Lymphocyte MarkerCD4	\$ 17.67	108	\$	\$
197	85014	Hematocrit	\$ 3.81	45	\$	\$
198	85018	Hemoglobin (Hgb)	\$ 3.81	36	\$	\$
199	83036	Hemoglobin (Hgb) A1c	\$ 15.59	2117	\$	\$
200	83021	Hemoglobinopathy Profile	\$ 29.01	1	\$	\$
201	83021	Hemoglobinopathy Profile w/o Sol	\$ 29.01	1	\$	\$
202	80076	Hepatic Function Panel (7)	\$ 13.12	1051	\$	\$
203	86709	Hepatitis A Antibody, IgM	\$ 18.08	4	\$	\$
204	86708	Hepatitis A Antibody, Total	\$ 19.90	2	\$	\$
205	86704	Hepatitis B Core Antibody, Total	\$ 19.36	1	\$	\$
206	86706	Hepatitis B Surface Antibody	\$ 17.25	12	\$	\$
207	87340	Hepatitis B Surface Antigen	\$ 16.59	12	\$	\$
208	87350	Hepatitis Be Antigen	\$ 18.51	7	\$	\$
209	86707	Hepatitis Be Antibody	\$ 18.58	6	\$	\$
210	86704	Hepatitis Core Ab, IgG, IgM, Diff	\$ 19.36	1	\$	\$
211	86704	Hepatitis Core Ab, IgG, IgM, Diff	\$ 19.36	1	\$	\$
212	83891	Hereditary Hemochromatosis, DNA	\$ 6.44	21	\$	\$
213	86694	Herpes Simplex Virus Types I/II, IgG	\$ 23.12	3	\$	\$
214	85732	Hexagonal Phase Phospholipid	\$ 10.00	1	\$	\$
215	83036	Hgb A1c with w/ MBG Estimation	\$ 15.59	427	\$	\$
216	86698	Histoplasma Abs, Quant, DID	\$ 20.08	1	\$	\$
217	87385	Histoplasma capsulatum, Ag, Serum	\$ 18.40	1	\$	\$
218	87385	Histoplasma capsulatum, Ag, Urine	\$ 18.40	1	\$	\$
219	86703	HIV-1 (HIV-1)/HIV-2 Single Assay	\$ 22.02	1	\$	\$
220	87535	HIV-1 Proviral, DNA, PCR Amplific	\$ 41.83	1	\$	\$
221	87901	HIV GenoSure™	\$ 132.13	2	\$	\$
222	87903	HIV-1 PhenoSense™ Comprehensive	\$ 784.77	1	\$	\$
223	87901	HIV PhenoSenseGT™	\$ 132.13	1	\$	\$
224	87536	HIV-1 RNA (b-DNA)	\$ 90.26	3	\$	\$
225	87536	HIV-1 RNA (b-DNA), Non-Graph	\$ 90.26	1	\$	\$
226	83890	HLA B 27 disease Association	\$ 6.44	1	\$	\$
227	87621	HPV, High-Risk DNA Detection	\$ 41.83	1	\$	\$
228	87255	HSV Culture w/o Typing	\$ 54.38	3	\$	\$
229	86696	HSV Type 2-Specific Ab, IgG	\$ 31.09	4	\$	\$
230	86695	HSV 1 & 2-Specific Ab, IgG	\$ 21.18	2	\$	\$
231	86694	HSV 1 & 2, IgG w Rflx to H I-II Type Specific, IgG Tests	\$ 23.12	1	\$	\$
Subtotal [Sum of Total Cost Column Exhibit B-1, Page 6 of 11 (Item # 194 – 231)]:						\$

Vendor Initials: _____

3. Clinical Laboratory Fee Schedule Continued:

3.1. Northern and Southern Correctional Facilities

Name of Bidder: _____
(as found on the State of NH Certificate of Good Standing to include DBA names)

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2009 CMS Laboratory Fee Schedule, Medicare plus 10% (For Vendor Information Only)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
232	83500	Hydroxyproline, Free & Total, Quant, 24-Hr	\$ 36.38	1	\$	\$
233	86335	IFE & Protein Elect, Random Urine	\$ 47.14	1	\$	\$
234	82784 (x3)	IFE, Serum & PE, Serum	\$ 14.94	3	\$	\$
235	82784	Immunofixation, (IFE), Serum	\$ 14.94	1	\$	\$
236	82785	Immunoglobulin E, Total	\$ 26.46	1	\$	\$
237	82784	Immunoglobulin G, Qnt, Serum	\$ 14.94	1	\$	\$
238	87804	Influenza A&B, Direct Immunoassay	\$ 18.40	1	\$	\$
239	83525	Insulin	\$ 18.36	2	\$	\$
240	83550	Iron+IBC w/o Saturation	\$ 14.05	1	\$	\$
241	83550	Iron & Total Iron Bind Cap (TIBC)	\$ 14.05	169	\$	\$
242	83540	Iron, Serum	\$ 10.41	1	\$	\$
243	81003	Kidney Stone, Urine w/ Saturation	\$ 2.86	2	\$	\$
244	83615	Lactic Acid Dehydrogenase (LDH)	\$ 9.69	11	\$	\$
245	83605	Lactic Acid, Plasma	\$ 17.15	3	\$	\$
246	82491	Lamotrigine (Lamictal®), Serum	\$ 29.01	7	\$	\$
247	86003	Latex-Specific IgE	\$ 8.38	1	\$	\$
248	83721	LDL Cholesterol (Direct)	\$ 14.73	1	\$	\$
249	83655	Lead, Blood (Adult)	\$ 19.44	2	\$	\$
250	83690	Lipase, Serum	\$ 11.07	94	\$	\$
251	80061	Lipid Panel	\$ 21.53	458	\$	\$
252	80061	Lipid Panel w/ LDL/HDL Ratio	\$ 21.53	2978	\$	\$
253	80178	Lithium (Eskalith®), Serum	\$ 10.62	382	\$	\$
254	85705	Lupus Anticoagulant Comprehensive	\$ 11.23	2	\$	\$
255	85732	Lupus Anticoagulant w/ Reflex	\$ 10.00	1	\$	\$
256	86618	Lyme, Ab , Total IgG/IgM	\$ 22.96	9	\$	\$
257	86618	Lyme, Total Ab Test w/ Reflex	\$ 22.96	3	\$	\$
258	86617 (x2)	Lyme, Serum, Western Blot	\$ 24.87	4	\$	\$
259	86618 (x2)	Lyme, Ab, Include Rflx Western Blot on Positives	\$ 22.96	7	\$	\$
260	83735	Magnesium, Serum	\$ 10.76	82	\$	\$
261	83890	Marfan Syndrome Analysis	\$ 6.44	1	\$	\$
262	80101	MDMA, Urine (GC/MS included)	\$ 22.12	1	\$	\$
263	86735	Measles/Mumps/Rubella Immunity	\$ 20.97	1	\$	\$
264	80048	Metabolic Panel (8), Basic	\$ 13.60	293	\$	\$
265	80053	Metabolic Panel (14), Comprehensive	\$ 16.98	3825	\$	\$
266	83835	Metanephrines, Frac, Quant, 24-Hr	\$ 27.21	1	\$	\$
267	83835	Metanephrines Urine, Total	\$ 27.21	1	\$	\$
268	87186	MIC Organism # 1	\$ 13.88	114	\$	\$
Subtotal [Sum of Total Cost Column Exhibit B-1, Page 7 of 11 (Item # 232 – 268)]:						\$

Vendor Initials: _____

3. Clinical Laboratory Fee Schedule Continued:

3.1. Northern and Southern Correctional Facilities

Name of Bidder: _____
(as found on the State of NH Certificate of Good Standing to include DBA names)

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2009 CMS Laboratory Fee Schedule, Medicare plus 10% (For Vendor Information Only)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
269	87186	MIC Organism # 2	\$ 13.88	7	\$	\$
270	82043	Microalb/Creat Ratio, Random Urine	\$ 8.69	38	\$	\$
271	82043	Microalbumin Random Urine	\$ 8.69	29	\$	\$
272	81015	Microscopic Examination of Urine	\$ 4.87	5	\$	\$
273	83516	Mitochondrial (M2) Antibody	\$ 18.40	6	\$	\$
274	86308	Mono Qual w/Rflx to Titer on +	\$ 8.32	1	\$	\$
275	86308	Mononucleosis Test, Qualitative	\$ 8.32	9	\$	\$
276	87081	MRSA Culture Only	\$ 9.26	11	\$	\$
277	87081	MRSA Culture/Susceptibility	\$ 9.26	1	\$	\$
278	83874	Myoglobin, Urine	\$ 20.75	1	\$	\$
279	83010	NASH FibroSure	\$ 20.21	6	\$	\$
280	87591	Neisseria gonorrhoeae, NAA	\$ 41.83	16	\$	\$
281	80182	Nortriptyline (Aventyl®), Serum	\$ 21.76	7	\$	\$
282	83925	Opiates (4) Confirmation, Urine	\$ 31.25	2	\$	\$
283	83930	Osmolality, Serum	\$ 10.62	1	\$	\$
284	83935	Osmolality, Urine	\$ 10.95	2	\$	\$
285	87177	Ova + Parasites Examination	\$ 14.29	69	\$	\$
286	83945	Oxalate, Quant, 24-Hr Urine	\$ 20.68	1	\$	\$
287	82491	Oxcarbazepine (Trileptal®), Serum	\$ 29.01	2	\$	\$
288	88175	Pap IG (Image Guided), Lb	\$ 42.55	10	\$	\$
289	88142	Pap Lb, CG, NAA	\$ 32.54	2	\$	\$
290	88142	Pap Lb, Ct, NAA	\$ 32.54	10	\$	\$
291	88142	Pap Lb (Liquid-Based)	\$ 32.54	203	\$	\$
292	88164	Pap Smear, 1 Slide	\$ 16.96	1	\$	\$
293	82205	Pentobarbital (Nembutal®), Serum	\$ 18.39	1	\$	\$
294	80184	Phenobarbital (Luminal®), Serum	\$ 18.39	42	\$	\$
295	80185	Phenytoin (Dilantin®), Serum	\$ 21.30	179	\$	\$
296	84100	Phosphorus, Serum	\$ 7.62	62	\$	\$
297	84105	Phosphorus, 24-Hr Urine	\$ 8.32	1	\$	\$
298	86022 (x4)	Platelet Antibody, Serum	\$ 29.50	1	\$	\$
299	85049	Platelet Count	\$ 7.18	18	\$	\$
300	84110	Porphobilinogen (PCG), Quant, Random Urine	\$ 11.23	2	\$	\$
301	84132	Potassium, Serum	\$ 7.37	28	\$	\$
302	85025	Prenatal Profile I w/ Hep B Surf Ag	\$ 12.49	3	\$	\$
303	84146	Prolactin	\$ 31.13	27	\$	\$
304	84153	Prostate-Specific Ag (PSA), Serum	\$ 23.31	818	\$	\$
305	84066	Prostatic Acid Phos (PAP), Serum	\$ 15.51	17	\$	\$
306	85302	Protein C Antigen	\$ 19.31	1	\$	\$
Subtotal [Sum of Total Cost Column Exhibit B-1, Page 8 of 11 (Item # 269 – 306)]:						\$

Vendor Initials: _____

3. Clinical Laboratory Fee Schedule Continued:

3.1. Northern and Southern Correctional Facilities

Name of Bidder: _____
(as found on the State of NH Certificate of Good Standing to include DBA names)

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2009 CMS Laboratory Fee Schedule, Medicare plus 10% (For Vendor Information Only)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
307	85302	Protein C Antigen	\$ 19.31	1	\$	\$
308	85303	Protein C-Functional	\$ 20.47	1	\$	\$
309	84166	Protein Electro, Random Urine	\$ 28.64	2	\$	\$
310	84165	Protein Electrophoreses, S	\$ 17.25	8	\$	\$
311	85306	Protein S-Functional	\$ 22.96	1	\$	\$
312	84157	Protein, Total, Body Fluid	\$ 5.75	2	\$	\$
313	84156	Protein Total, Quant, 24-Hr Urine	\$ 5.75	10	\$	\$
314	84155	Protein, Total, Serum	\$ 5.75	2	\$	\$
315	84156	Protein, Total, Urine	\$ 5.75	1	\$	\$
316	85610	Prothrombin Time (PT)	\$ 6.31	782	\$	\$
317	84202	Protoporphyrin, FEP/ZPP	\$ 23.05	1	\$	\$
318	84153	PSA, Free: Total Ratio Reflex	\$ 23.31	2	\$	\$
319	84154	PSA, % Free: Total Ratio	\$ 23.31	2	\$	\$
320	83970	PTH, Intact	\$ 66.30	37	\$	\$
321	85610	PT and PTT	\$ 6.31	46	\$	\$
322	85730	PTT, Acitivated	\$ 9.64	6	\$	\$
323	85732	PTT-LA Incub Mix	\$ 10.00	1	\$	\$
324	85732	PTT-LA Mix	\$ 10.00	2	\$	\$
325	86592	Rapid Plasma Reagin (RPR), Qual	\$ 6.85	43	\$	\$
326	80069	Renal Function Panel (10)	\$ 13.95	4	\$	\$
327	85045	Reticulocyte Count	\$ 6.44	5	\$	\$
328	86901	Rh Typing (Factor)	\$ 4.79	1	\$	\$
329	86431	Rheumatoid Arthritis (RA) Factor	\$ 9.12	100	\$	\$
330	82542	Risperidone (Risperdal®), Serum	\$ 29.01	1	\$	\$
331	87536	RNA, PCR (Non-Graph) Rflx/Geno	\$ 90.26	1	\$	\$
332	87536	RNA, PCR (Non-Graph) Rflx/Geno +	\$ 90.26	1	\$	\$
333	87536	RNA, Real Time PCR (Graph)	\$ 90.26	95	\$	\$
334	87536	RNA, Real Time PCR (Non-Graph)	\$ 90.26	4	\$	\$
335	86593	RPR Qn + TP-PA	\$ 7.07	1	\$	\$
336	86592	RPR, Rfx Quan RPR/Confirm TP-PA	\$ 6.85	1	\$	\$
337	86762	Rubella Antibodies, IgG	\$ 23.12	4	\$	\$
338	87045	Salmonella/Shigella Screen	\$ 15.15	1	\$	\$
339	85652	Sedimentation Rate-Westergren	\$ 4.33	248	\$	\$
340	87186	Sensitivity Organism # 1	\$ 13.88	146	\$	\$
341	87186	Sensitivity Organism # 2	\$ 13.88	32	\$	\$
342	87186	Sensitivity Organism # 3	\$ 13.88	9	\$	\$
343	87186	Sensitivity Organism # 4	\$ 13.88	5	\$	\$
344	84270	Sex Hormone Binding Globul, Serum	\$ 34.90	1	\$	\$
345	80053	SH	\$ 16.98	114	\$	\$
346	84295	Sodium, Serum	\$ 7.47	3	\$	\$
Subtotal [Sum of Total Cost Column Exhibit B-1, Page 9 of 11 (Item # 307 – 346):						\$

Vendor Initials: _____

3. Clinical Laboratory Fee Schedule Continued:
3.1. Northern and Southern Correctional Facilities

Name of Bidder: _____
(as found on the State of NH Certificate of Good Standing to include DBA names)

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2009 CMS Laboratory Fee Schedule, Medicare plus 10% (For Vendor Information Only)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
347	81003	Specific Gravity, Urine	\$ 2.86	2	\$	\$
348	82360	Stone Analysis	\$ 20.68	7	\$	\$
349	87045	Stool Culture	\$ 15.15	24	\$	\$
350	84402	Testosterone, Free (Direct) Serum	\$ 39.05	3	\$	\$
351	84402	Testosterone Free, Serum (Equilibrium) w/ Total	\$ 39.05	2	\$	\$
352	84403	Testosterone, Total, Serum	\$ 41.47	19	\$	\$
353	80198	Theophylline, Serum	\$ 22.73	33	\$	\$
354	84443	Thyroid Cascade Profile	\$ 26.98	8	\$	\$
355	84436	Thyroid Panel	\$ 9.26	11	\$	\$
356	84436	Thyroid Panel w/ TSH	\$ 9.26	3	\$	\$
357	86376	Thyroid Peroxidase (TPO) Ab	\$ 23.38	1	\$	\$
358	84443	Thyroid-Stimulating Hormone (TSH)	\$ 26.98	1529	\$	\$
359	83520	Thyrotropin Receptor Ab, Serum	\$ 20.80	1	\$	\$
360	84436	Thyroxine (T4)	\$ 9.26	81	\$	\$
361	84439	Thyroxine (T4) Free, Direct, Serum	\$ 14.49	26	\$	\$
362	80200	Tobramycin (Nebcin®), Serum, Peak	\$ 25.88	1	\$	\$
363	80200	Tobramycin, (Nebcin®) Serum, Trough	\$ 25.88	1	\$	\$
364	80201	Topiramate (Topamax®), Serum	\$ 19.14	2	\$	\$
365	86777	Toxoplasma gondii Antibodies, IgG	\$ 23.12	9	\$	\$
366	87798	Toxoplasma gondii, PCR	\$ 41.83	1	\$	\$
367	86781	Treponema pallidum Ab (FTA-ABS)	\$ 21.27	7	\$	\$
368	86781	Treponema pallidum Ab (TP-PA)	\$ 21.27	3	\$	\$
369	80101	Tricyclic Antidepressants Screen, Ser	\$ 22.12	1	\$	\$
370	82492	Tricyclic, Serum	\$ 29.01	2	\$	\$
371	84480	Tri-iodothyronine (T3)	\$ 22.77	67	\$	\$
372	84481	Tri-iodothyronine (T3), Free, Serum	\$ 27.21	1	\$	\$
373	84479	T3 Uptake	\$ 9.26	38	\$	\$
374	81001	UA/M w/ Rflx Culture, Comp	\$ 5.09	30	\$	\$
375	81001	UA/M w/ Rflx Culture, Routine	\$ 5.09	53	\$	\$
376	87070	Upper Respiratory Culture, Routine	\$ 13.83	93	\$	\$
377	84520	Urea Nitrogen, Serum (Bun)	\$ 6.34	97	\$	\$
378	84550	Uric Acid, Serum	\$ 7.25	67	\$	\$
379	81001	Urinalysis, Complete w/ Mic Exam	\$ 5.09	58	\$	\$
380	81003	Urinalysis, Routine w/ Mic Exam +	\$ 2.86	357	\$	\$
381	87086	Urine Culture, Comprehensive	\$ 10.31	11	\$	\$
382	87086	Urine Culture, Routine	\$ 10.31	300	\$	\$
383	80164	Valproic Acid (Depakote®), Serum	\$ 21.76	369	\$	\$
384	80202	Vancomycin (Vancocin®), Serum Peak	\$ 21.76	8	\$	\$
Subtotal [Sum of Total Cost Column Exhibit B-1, Page 10 of 11 (Item # 347 – 384)]:						\$

Vendor Initials: _____

3. Clinical Laboratory Fee Schedule Continued:

3.1. Northern and Southern Correctional Facilities

(as found on the State of NH Certificate of Good Standing to include DBA names)

[illegible]

Vendor Initials: _____

1. There are no additional provisions set forth in this Exhibit, Special Provisions, to be incorporated as part of this Contract.

The remainder of this page is intentionally blank.

Vendor Initials: _____

**RSVP: LETTER OF INTENT TO ATTEND VENDOR'S CONFERENCE
TO CONTRACT WITH THE NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS
DIVISION OF MEDICAL AND FORENSIC SERVICES**

Required Letters of Intent to attend Vendor's Conference must be received at the NH Department of Corrections by the deadline below:

Check	Description	Deadline
<input type="checkbox"/>	Letter of Intent to attend Vendor's Conference	No later than 10:00AM, EST on January 27, 2010

Letters of Intent can be faxed to 603-271-5639 and/or e-mailed to: jleeka@nhdoc.state.nh.us

To: NH DOC Headquarters
Attn: Joyce Leeka
PO Box 1806
Concord, NH 03302-1806

Re: Letter of Intent for RFP NHDOC 10-05-GFMED

APPLICANT INFORMATION

Legal Name of Agency:	
Officer Authorized to Sign a Contract:	
Street Address:	
City, State and Zip Code:	
Telephone:	
Fax:	
E-mail address:	
Contact Person and Title:	

I understand that proposals are due by 2:00 PM, EST on 2/8/2010 and will not be accepted after that time.

(to be signed by contact person listed above).

Please indicate below the RFP Number, RFP Name and Location of Service(s) for which your agency intends to submit a proposal(s) for:

RFP Number:	RFP Name:	Location of Service(s):

Vendor Initials: _____